



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

New York State Department of Agriculture and Markets Grower Amendment Form Industrial Hemp Agricultural Research Pilot Program

The NYS Department of Agriculture and Markets is administering an Industrial Hemp Agricultural Research Pilot Program, authorized by New York State law and 7 U.S.C. § 5940 (Farm Bill of 2014).

The purpose of this form is to file changes to an existing research partner's scope of work for Department approval.

Instructions

Read the [Program Guidance and Sample Research Partner Agreements](#) to ensure that you understand all the legal and programmatic requirements for participation in the Industrial Hemp Agricultural Research Pilot Program.

Complete the following amendment application, include all necessary attachments, and submit an original copy to:

NYS Department of Agriculture & Markets
Plant Industry Division
10B Airline Drive
Albany NY 12235

Incomplete amendment applications will be rejected.

All questions must be submitted in writing to industrialhempNYS@agriculture.ny.gov or through the U.S. mail to the address above.

1. Applicant.

License Number: _____

No change Addition Replacement

Business/Institution Name: _____

Federal I.D. Number:* _____ Phone: (____) _____
**If the Federal I.D. Number is being replaced, submit a \$500 fee*

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____

Mailing address (if different from above): _____

City: _____ State: _____ Zip Code: _____ County: _____

2. Person Responsible for Applicant's Management of Industrial Hemp Growing.

No change Addition Replacement

Title: _____ Phone: (____) _____

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Optional secondary contact: No change Addition Replacement Removal

Title: _____ Phone: (____) _____

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

3. Growing/Drying Locations – List each field/greenhouse/drying location separately, even if at the same address. Attach additional sheets if necessary.

Submit with this application a map displaying site boundaries, nearby roadways, and access points of each separate grow site or drying location.

Site 1:

No change Addition Replacement Removal

Site 1:
(check only one option, list additional locations on site 2)

Outdoor _____ acres **OR** Indoor _____ square feet

Site name/ID: _____ GPS Coordinates from center
of field in decimal format:
Address: _____ ex. 42.734537, -73.817688

City: _____ Latitude: _____

State: _____ Zip Code: _____ Longitude: _____

County: _____

I confirm that I have control over this property through:

Ownership Lease agreement

Site being replaced (if applicable)

Site 1:

Outdoor _____ acres **OR** Indoor _____ square feet

Site name/ID: _____ GPS Coordinates from center
of field in decimal format:
Address: _____ ex. 42.734537, -73.817688

City: _____ Latitude: _____

State: _____ Zip Code: _____ Longitude: _____

County: _____

Growing/Drying Locations – List each field/greenhouse/drying location separately, even if located at the same address. Attach additional sheets if necessary.

Submit with this application a map displaying site boundaries, nearby roadways, and access points of each separate grow site or drying location.

Site 2:

No change Addition Replacement Removal

Site 2:
(check only one option, list additional locations on site 2)

Outdoor _____ acres **OR** Indoor _____ square feet

Site name/ID: _____ GPS Coordinates from center
of field in decimal format:
Address: _____ ex. 42.734537, -73.817688

City: _____ Latitude: _____

State: _____ Zip Code: _____ Longitude: _____

County: _____

I confirm that I have control over this property through:

Ownership Lease agreement

Site being replaced (if applicable)

Site 2:

Outdoor _____ acres **OR** Indoor _____ square feet

Site name/ID: _____ GPS Coordinates from center
of field in decimal format:
Address: _____ ex. 42.734537, -73.817688

City: _____ Latitude: _____

State: _____ Zip Code: _____ Longitude: _____

County: _____

4. Indicate the focus of your research (check all that apply).

No change Addition Replacement Removal

Fiber
 Grain or food products (including hemp for seed oil)
 Replication of seeds or vegetative planting stock (e.g. production of transplants)
 CBD
 Other: _____

5. Research plan. Explain in detail the industrial hemp research you are adding or modifying. Attach additional sheets if necessary.

No change Addition Replacement Removal

6. Seed/Propagule Acquisition Plan. Identify the varieties you intend to plant and list the source, including address, of the industrial hemp seed/propagules for each variety.

No change Addition Replacement Removal

7. Marketing Plan – Provide the name(s) of processor(s) to whom you will be selling your crop, if known. Also include a letter of intent from the processor(s) that will be purchasing your hemp crop if applicable. Attach additional sheets if necessary:

No change Addition Replacement Removal

INDUSTRIAL HEMP GROWER RESEARCH PARTNER AMENDMENT FORM

To ensure that your application is not rejected as incomplete, make sure all the following information is complete and all documentation is attached to your application:

- All questions have been answered.
- All additional sheets have been completed and are attached.
- Maps and GPS coordinates of each growing site are attached.
- Application has been signed and dated.

The undersigned applies for registration as an industrial hemp research partner pursuant to the provisions of Article 29 of the Agriculture and Markets Law. The undersigned acknowledges that the regulatory environment as it applies to industrial hemp is in flux and program guidance and regulations are subject to change at any time.

I (We) agree to permit free entry and free access to the Commissioner and his agents to all registered premises, buildings, and offices used in the cultivating, harvesting, transportation, processing, studying, storing and disposing of industrial hemp. **Yes**

I (We) agree to maintain sites engaged in industrial hemp research in a manner that permits ready inspection by the Department. **Yes**

I (We) agree to conform to the laws of the State of New York concerning the handling and movement of industrial hemp and to related regulations of the Department currently in effect or adopted subsequent to the issuance of a research permit. **Yes**

I (We) attest that we are in compliance with all applicable New York State Laws and are not the subject of any state enforcement proceedings relating thereto. **Yes**

“I understand that the statements made in this application will be accepted for all purposes as the equivalent of an Affidavit and that any false statements made herein, in addition to being the possible basis for a revocation of any research approval given as a result of this application, may be punishable as a misdemeanor under the provisions of Section 210.45 of the Penal Law of the State of New York.”

Signature _____ Date _____

Printed name and title _____

Legal name of Business/Partnership/Corporation _____